

FORM <div style="font-size: 2em; font-weight: bold; margin: 5px 0;">1</div> GENERAL	 U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">S</td> <td style="width:85%;"></td> <td style="width:5%;">T/A</td> <td style="width:5%;">C</td> </tr> <tr> <td>F</td> <td></td> <td></td> <td>D</td> </tr> <tr> <td>1</td> <td>2</td> <td>13</td> <td>14</td> </tr> <tr> <td></td> <td></td> <td></td> <td>15</td> </tr> </table>	S		T/A	C	F			D	1	2	13	14				15																																																																																																																																																																																																																																																																																																											
S		T/A	C																																																																																																																																																																																																																																																																																																																										
F			D																																																																																																																																																																																																																																																																																																																										
1	2	13	14																																																																																																																																																																																																																																																																																																																										
			15																																																																																																																																																																																																																																																																																																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">LABEL ITEMS</td> <td rowspan="5" style="text-align: center; vertical-align: middle; font-size: 1.5em;">PLEASE PLACE LABEL IN THIS SPACE</td> </tr> <tr> <td>I. EPA I.D. NUMBER</td> </tr> <tr> <td>III. FACILITY NAME</td> </tr> <tr> <td>V. FACILITY MAILING ADDRESS</td> </tr> <tr> <td>VI. FACILITY LOCATION</td> </tr> </table>		LABEL ITEMS	PLEASE PLACE LABEL IN THIS SPACE	I. EPA I.D. NUMBER	III. FACILITY NAME	V. FACILITY MAILING ADDRESS	VI. FACILITY LOCATION	GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.																																																																																																																																																																																																																																																																																																																					
LABEL ITEMS	PLEASE PLACE LABEL IN THIS SPACE																																																																																																																																																																																																																																																																																																																												
I. EPA I.D. NUMBER																																																																																																																																																																																																																																																																																																																													
III. FACILITY NAME																																																																																																																																																																																																																																																																																																																													
V. FACILITY MAILING ADDRESS																																																																																																																																																																																																																																																																																																																													
VI. FACILITY LOCATION																																																																																																																																																																																																																																																																																																																													
II. POLLUTANT CHARACTERISTICS INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.																																																																																																																																																																																																																																																																																																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width:40%;">SPECIFIC QUESTIONS</th> <th colspan="3" style="text-align: center;">Mark "X"</th> <th rowspan="2" style="width:40%;">SPECIFIC QUESTIONS</th> <th colspan="3" style="text-align: center;">Mark "X"</th> </tr> <tr> <th style="width:10%;">YES</th> <th style="width:10%;">NO</th> <th style="width:10%;">FORM ATTACHED</th> <th style="width:10%;">YES</th> <th style="width:10%;">NO</th> <th style="width:10%;">FORM ATTACHED</th> </tr> </thead> <tbody> <tr> <td>A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)</td> <td></td> <td style="text-align: center;">X</td> <td></td> <td>B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)</td> <td></td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td>C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)</td> <td></td> <td style="text-align: center;">X</td> <td></td> <td>D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)</td> <td></td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td>E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)</td> <td></td> <td style="text-align: center;">X</td> <td></td> <td>F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)</td> <td></td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td>G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)</td> <td></td> <td style="text-align: center;">X</td> <td></td> <td>H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)</td> <td></td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td>I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)</td> <td></td> <td style="text-align: center;">X</td> <td></td> <td>J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)</td> <td></td> <td style="text-align: center;">X</td> <td></td> </tr> </tbody> </table>			SPECIFIC QUESTIONS	Mark "X"			SPECIFIC QUESTIONS	Mark "X"			YES	NO	FORM ATTACHED	YES	NO	FORM ATTACHED	A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X		C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X		E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X		G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X		I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X																																																																																																																																																																																																																																																																						
SPECIFIC QUESTIONS	Mark "X"			SPECIFIC QUESTIONS	Mark "X"																																																																																																																																																																																																																																																																																																																								
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED																																																																																																																																																																																																																																																																																																																						
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X																																																																																																																																																																																																																																																																																																																							
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X																																																																																																																																																																																																																																																																																																																							
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X																																																																																																																																																																																																																																																																																																																							
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X																																																																																																																																																																																																																																																																																																																							
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X																																																																																																																																																																																																																																																																																																																							
III. NAME OF FACILITY <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">C</td> <td style="width:5%;">1</td> <td style="width:5%;">SKIP</td> <td colspan="25">Department of the Navy Joint Region Marianas (JRM) Guam, U.S.A.</td> </tr> <tr> <td></td> <td>15</td> <td>16 - 29</td> <td>30</td> <td colspan="25"></td> </tr> </table>			C	1	SKIP	Department of the Navy Joint Region Marianas (JRM) Guam, U.S.A.																										15	16 - 29	30																																																																																																																																																																																																																																																																																											
C	1	SKIP	Department of the Navy Joint Region Marianas (JRM) Guam, U.S.A.																																																																																																																																																																																																																																																																																																																										
	15	16 - 29	30																																																																																																																																																																																																																																																																																																																										
IV. FACILITY CONTACT <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="25" style="text-align: center;">A. NAME & TITLE (last, first, & title)</td> <td colspan="10" style="text-align: center;">B. PHONE (area code & no.)</td> </tr> <tr> <td style="width:5%;">C</td> <td style="width:5%;">2</td> <td colspan="23">SHANE, JULIE, Joint Region Marianas EV1</td> <td colspan="10">(671) 349 - 3148</td> </tr> <tr> <td></td> <td>15</td> <td>16</td> <td colspan="23"></td> <td>45</td> <td>46</td> <td>48</td> <td>49</td> <td>51</td> <td>52</td> <td>55</td> </tr> </table>			A. NAME & TITLE (last, first, & title)																									B. PHONE (area code & no.)										C	2	SHANE, JULIE, Joint Region Marianas EV1																							(671) 349 - 3148											15	16																								45	46	48	49	51	52	55																																																																																																																																																																																																																				
A. NAME & TITLE (last, first, & title)																									B. PHONE (area code & no.)																																																																																																																																																																																																																																																																																																				
C	2	SHANE, JULIE, Joint Region Marianas EV1																							(671) 349 - 3148																																																																																																																																																																																																																																																																																																				
	15	16																								45	46	48	49	51	52	55																																																																																																																																																																																																																																																																																													
V. FACILITY MAILING ADDRESS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="35" style="text-align: center;">A. STREET OR P.O. BOX</td> </tr> <tr> <td style="width:5%;">C</td> <td style="width:5%;">3</td> <td colspan="28">Joint Region Marianas PSC 455 BOX 211</td> </tr> <tr> <td></td> <td>15</td> <td>16</td> <td colspan="28"></td> </tr> <tr> <td colspan="25" style="text-align: center;">B. CITY OR TOWN</td> <td style="width:5%;">C. STATE</td> <td colspan="5" style="text-align: center;">D. ZIP CODE</td> </tr> <tr> <td style="width:5%;">C</td> <td style="width:5%;">4</td> <td colspan="23">FPO</td> <td style="width:5%;">AP</td> <td colspan="5">96540</td> </tr> <tr> <td></td> <td>15</td> <td>16</td> <td colspan="23"></td> <td>40</td> <td>41</td> <td>42</td> <td>47</td> <td colspan="5">51</td> </tr> </table>			A. STREET OR P.O. BOX																																			C	3	Joint Region Marianas PSC 455 BOX 211																													15	16																													B. CITY OR TOWN																									C. STATE	D. ZIP CODE					C	4	FPO																							AP	96540						15	16																								40	41	42	47	51																																																																																																																														
A. STREET OR P.O. BOX																																																																																																																																																																																																																																																																																																																													
C	3	Joint Region Marianas PSC 455 BOX 211																																																																																																																																																																																																																																																																																																																											
	15	16																																																																																																																																																																																																																																																																																																																											
B. CITY OR TOWN																									C. STATE	D. ZIP CODE																																																																																																																																																																																																																																																																																																			
C	4	FPO																							AP	96540																																																																																																																																																																																																																																																																																																			
	15	16																								40	41	42	47	51																																																																																																																																																																																																																																																																																															
VI. FACILITY LOCATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="35" style="text-align: center;">A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER</td> </tr> <tr> <td style="width:5%;">C</td> <td style="width:5%;">5</td> <td colspan="28">Joint Region Marianas Headquarters Route #6</td> </tr> <tr> <td></td> <td>15</td> <td>16</td> <td colspan="28"></td> </tr> <tr> <td colspan="35" style="text-align: center;">B. COUNTY NAME</td> </tr> <tr> <td colspan="35">Asan</td> </tr> <tr> <td></td> <td>46</td> <td colspan="33"></td> <td>70</td> </tr> <tr> <td colspan="25" style="text-align: center;">C. CITY OR TOWN</td> <td style="width:5%;">D. STATE</td> <td colspan="5" style="text-align: center;">E. ZIP CODE</td> <td colspan="5" style="text-align: center;">F. COUNTY CODE (if known)</td> </tr> <tr> <td style="width:5%;">C</td> <td style="width:5%;">6</td> <td colspan="23">Nimitz Hill Annex</td> <td style="width:5%;">GU</td> <td colspan="5">96932</td> <td colspan="5">USA</td> </tr> <tr> <td></td> <td>15</td> <td>16</td> <td colspan="23"></td> <td>40</td> <td>41</td> <td>42</td> <td>47</td> <td colspan="5">51</td> <td>52</td> <td colspan="5">54</td> </tr> </table>			A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER																																			C	5	Joint Region Marianas Headquarters Route #6																													15	16																													B. COUNTY NAME																																			Asan																																				46																																		70	C. CITY OR TOWN																									D. STATE	E. ZIP CODE					F. COUNTY CODE (if known)					C	6	Nimitz Hill Annex																							GU	96932					USA						15	16																								40	41	42	47	51					52	54				
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER																																																																																																																																																																																																																																																																																																																													
C	5	Joint Region Marianas Headquarters Route #6																																																																																																																																																																																																																																																																																																																											
	15	16																																																																																																																																																																																																																																																																																																																											
B. COUNTY NAME																																																																																																																																																																																																																																																																																																																													
Asan																																																																																																																																																																																																																																																																																																																													
	46																																		70																																																																																																																																																																																																																																																																																										
C. CITY OR TOWN																									D. STATE	E. ZIP CODE					F. COUNTY CODE (if known)																																																																																																																																																																																																																																																																																														
C	6	Nimitz Hill Annex																							GU	96932					USA																																																																																																																																																																																																																																																																																														
	15	16																								40	41	42	47	51					52	54																																																																																																																																																																																																																																																																																									

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
C	7	*	N/A	(specify)						C	7	*	N/A	(specify)					
15	16	17	18	19	20	21	22	23	24	15	16	17	18	19	20	21	22	23	24
C. THIRD										D. FOURTH									
C	7	*	N/A	(specify)						C	7	*	N/A	(specify)					
15	16	17	18	19	20	21	22	23	24	15	16	17	18	19	20	21	22	23	24

VIII. OPERATOR INFORMATION

A. NAME										B. Is the name listed in Item VIII-A also the owner? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
C	8	Naval Base Guam, Public Works Department																	
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other," specify.)										D. PHONE (area code & no.)									
F = FEDERAL S = STATE P = PRIVATE M = PUBLIC (other than federal or state) O = OTHER (specify)										F (specify) POC is Dan Cogar for PWD Annex 1502 performs work via a contract DZSP-21 is the contractor									
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34

E. STREET OR P.O. BOX									
Building #205 Spruance Drive (Rt. 6) Residential									
25	26	27	28	29	30	31	32	33	34

F. CITY OR TOWN										G. STATE		H. ZIP CODE		IX. INDIAN LAND			
C	8	Nimitz Hill Annex (Asan)										GU		96932		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
C	9	N	*See attached permit list							C	9	P	*See attached permit list						
15	16	17	18	19	20	21	22	23	24	15	16	17	18	19	20	21	22	23	24
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
C	9	U	*See attached permit list							C	9	(specify)							
15	16	17	18	19	20	21	22	23	24	15	16	17	18	19	20	21	22	23	24
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
C	9	R	*See attached permit list							C	9	(specify)							
15	16	17	18	19	20	21	22	23	24	15	16	17	18	19	20	21	22	23	24

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

This is meant to serve as a provisional NPDES Municipal Separate Storm Sewer System (MS4) permit application for the potential requirement for Department of Defense on Guam to be covered by this program, pending a final determination by USEPA. Included in this packet are our comments as to why the Department of Defense does not need this requirement at this time. Also included are maps for item XI of areas to be covered by this provisional MS4 permit application and a complete permit list for item X of all permits from USEPA and Guam EPA for facilities within Joint Region Marianas areas affected (Apra Harbor Main Base, Apra Heights, Naval Magazine, Sasa Valley, Nimitz Hill, and Naval Hospital). An outline for a Stormwater Management Plan (SWMP) is enclosed as well to provide a better idea of what would likely be done related to MS4 if required, including those items that are already completed via other regulations, requirements and practices. All industrial facilities are currently covered for stormwater by our NPDES Multi-Sector General Permit (MSGP) #GUR05A211; and so this provisional MS4 permit application only covers non-industrial facilities and areas within Joint Region Marianas, such as housing, roads, infrastructure and the Naval Hospital. Naval Base Guam is the property owner for these areas and their Environmental POC for stormwater is Ramon Camacho (671) 339-3711. Joint Region Marianas does not have an EPA I.D. number or label to provide with this form. Also, we have made attempts to work with the Government of Guam Department of Public Works, but were not able coordinate an combined effort in the time allowed. As a result, Joint Region Marianas is providing this packet for your review and consideration.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print) John V. Heckmann, Captain U.S. Navy JRM Regional Engineer										B. SIGNATURE 										C. DATE SIGNED 21 Feb 2012									
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	-------------------------------	--	--	--	--	--	--	--	--	--

COMMENTS FOR OFFICIAL USE ONLY

C																			
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34

List of Environmental Permits for Naval Base Guam

	Regulator	Program	Type	Permit #	Location
1	USEPA	Stormwater	MSGP	GUR05A211	NBG - Industrial Facilities
2	USEPA	Wastewater	NPDES	GU0110019	AHWWTP
3	GEPA	Water	Production Well	0409-02P	NRMC-1 at Naval Hospital
4	GEPA	Water	Production Well	0409-03P	NRMC-2 at Naval Hospital
5	GEPA	Water	Production Well	0409-04P	NRMC-3 at Naval Hospital
6	GEPA	Water	Public Water System	GU0000010	Navy Water Treatment Plant
7	GEPA	Solid Waste	Bioberm	01-052PRO/BIO	Bioberm next to AHWWTP
8	GEPA	Solid Waste	Sterilization	05-035PRO	Steamer at Romeo Wharf
9	GEPA	Solid Waste	Wood Shredding	01-055PRO	Navy Landfill
10	GEPA	Solid Waste	Collection	07-020C0	Naval Base Guam - all areas
11	GEPA	Haz. Waste	RCRA Part B	GUS001	Building 1790
12	GEPA	Air	Air	FO-015A	Finegayan SIC Code 49
13	GEPA	Air	Air	FO-015B	US Naval Hospital SIC Code 80
14	GEPA	Air	Air	NFO-014C	Barrigada SIC Code 65
15	GEPA	Air	Air	NFO-014D	Delta & Echo Pier, SIC Code 46
16	GEPA	Air	Air	NFO-014E	Finegayan SIC Code 65
17	GEPA	Air	Air	NFO-014F	Naval Mag SIC Code 97
18	GEPA	Air	Air	NFO-014G	Nimitz Hill SIC Code 65
19	GEPA	Air	Air	NFO-014H	Orote SIC Code 37
20	GEPA	Air	Air	NFO-014I	Orote SIC Code 42
21	GEPA	Air	Air	NFO-014K	Orote SIC Code 65
22	GEPA	Air	Air	NFO-014L	Orote SIC Code 70
23	GEPA	Air	Air	NFO-014M	Orote SIC Code 83
24	GEPA	Air	Air	NFO-014N	Orote SIC Code 97
25	GEPA	Air	Air	NFO-014O	Orote Point Quarry SIC Code 14
26	GEPA	Air	Air	NFO-014R	Piti SIC Code 65
27	GEPA	Air	Air	NFO-014S	Polaris Point SIC Code 65
28	GEPA	Air	Air	NFO-014T	Sasa Valley Fuel Farm SIC Code 46
29	GEPA	Air	Air	NFO-014U	Tenjo Vista Fuel Farm SIC Code 46
30	GEPA	Water	Monitoring Well	0404-04M	Well GW-01 at Navy Landfill
31	GEPA	Water	Monitoring Well	0408-05M	Well GW-03 at Navy Landfill
32	GEPA	Water	Monitoring Well	0408-06M	Well GW-04 at Navy Landfill
33	GEPA	Water	Monitoring Well	0209-01M	Well GW-06 at Navy Landfill
34	GEPA	Water	Monitoring Well	0306-09M	Well MW-7 at Navy Landfill
35	GEPA	Water	Monitoring Well	0306-10M	Well MW-8 at Navy Landfill
36	GEPA	Water	Monitoring Well	0408-07M	Well GW-G at Navy Landfill
37	GEPA	Water	Monitoring Well	0408-08M	Well GW-H at Navy Landfill
38	GEPA	Water	UIC Well	U0709226	DW-NVY1 GHS Drainage System
39	GEPA	Water	UIC Well	U0709227	DW-NVY2 GHS Drainage System
40	GEPA	Water	UIC Well	U1009134	DW-NVY3 at BEQ HVAC System
41	GEPA	Water	Production Well	0311-003IND	Well BEQ-1 at BEQ HVAC System
42	GEPA	Water	Production Well	0311-004IND	Well BEQ-2 at BEQ HVAC System
43	GEPA	UST	UST	Pending	Apra Harbor NEX Autoport
44	GEPA	UST	UST	Pending	Naval Hospital NEX Autoport

FOR OFFICIAL USE ONLY



Legend

- ☐ **Start Street Line**
☒ **Start Zone (orange) Line**
☐ **Start Street (orange) Post**
☐ **Start Street Mark**
☐ **Start Street Junction**



Coordinates: 8° 30' N, 114° 20' W
 Project: L. merrilli Mar. det.
 Depth: 100 m
 Date: 14 July 1984



Scale 1-4,000



U.S. NAVY
FORSAKING
PROGRESS



JUST REFORM
MARIA CAS

THE UNIVERSITY OF

Full FT3 EM

and University Health, AMA
The Leadership Center is

OFFICIAL USE

FOR OFFICIAL USE ONLY

FOR OFFICIAL USE ONLY

NAVAL MAGAZINE

NAVAL MAGAZINE STORM WATER UTILITY MAP



Legend

- Black Shaded Area
- Green Shaded Area
- Blue Shaded Area
- Black Shaded Area
- Black Shaded Area

DAN DAN COMMUNICATION STATION



Geographic Position: UTM Zone 48 North
Datum: WGS 1984
Elevated: 41' 10.00' 24' 10.00'
Scale: 1" = 500'

0 250 500 750 1000
Feet



NAVFAC
U.S. NAVY
JOINT REGION
PHILIPPINES
FOR OFFICIAL USE ONLY

FOR OFFICIAL USE ONLY

NIMITZ HILL

SASA VALLEY

NCTS BARRIGADA

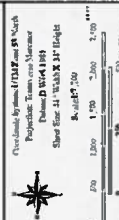
NAVAL HOSPITAL

NAVAL BASE GUAM STORM WATER UTILITY MAP



Legend

- Storm Water Line
- Storm Water Outfall Line
- Storm Water Collection Point
- Storm Water Storage Tank
- Storm Water Pump Station



Produced by the U.S. Army Corps of Engineers
Project: Naval Base Guam Storm Water Utility Map
Scale: 1 inch = 100 feet
Sheet Size: 11 x 17 inches
Date: 10/1/00

U.S. ARMY
CORPS OF ENGINEERS
PENNAPOLIS

NAVFAC
NAVAL FACILITIES ENGINEERING COMMAND
PENNAPOLIS

FOR OFFICIAL USE ONLY